OUR LADY OF THE MIRACULOUS MEDAL PARISH R.C.I.A. REGISTRATION

(Please print clearly)

Given Names:		
First Name Male Female	Middle Name(s)	Last Name
Spouse's Name:		
Maiden Name:		
Mailing Address:		
Telephone (Home):	Work:	
Date of Birth:	Place of Birth (City):	
Father's Name:	Religion:	
Mother's Maiden Name (including first name):	Religion:	
HAVE YOU BEEN BAPTIZED? If you have been baptized, please attach your baptis		No □ Ition form.
Date of Marriage: Name of Church & Place:		
YOUR FAITH BACKGROUND:		
REASON FOR TAKING THIS COURSE:		
SPONSOR INFORMATION: Sponsor must be a pr	acticing Catholic, 16 years or	older.
Sponsor's Name:		
Date:		
OFFICE USE:		

DATE OF BAPTISM, CONFIRMATION, HOLY EUCHARIST: